

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Briggs Hopson  
Full Address 1201 Cherry St Vicksburg ms  
Telephone 601-636-6996 (Fax) 601-636-6399  
E-mail hopson@tellerlaw.com  
Office Sought Senate District 23 Political Party Republican

RECEIVED  
JAN 26 2010

Secretary of State  
Capital Office

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	3300.00	\$	\$ 3300.00
Total amount of disbursements	3165.06	\$	\$ 3165.06
Total amount of cash on hand		\$ 33275.52	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

WRS  
Signature of Candidate

12/31/09  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Briggs Hopson

Reporting period

1-1-09

through

12-31-09

## ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

MS Assoc For Homecare

Date  
(Mo., Day, Year)

12/1/09

Amount of each  
receipt  
this period

\$ 300.00

Mailing Address

134 Fairmont St Jtc B

City, State, Zip Code

Clinton MS 39056

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Advance America

Date  
(Mo., Day, Year)

4/22/09

Amount of each  
receipt  
this period

\$ 500.00

Mailing Address

135 W Church Street

City, State, Zip Code

Spartanburg, SC 29306

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

AT&amp;T

Date  
(Mo., Day, Year)

12/17/09

Amount of each  
receipt  
this period

\$ 500.00

Mailing Address

PO Box 811

City, State, Zip Code

Jackson MS 39205

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Date  
(Mo., Day, Year)Amount of each  
receipt  
this period

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$

Name of Candidate or Committee

Briggs Hopson

Reporting period

1-1-09

through

12-31-09

## ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

MS Agents &amp; Employees PAC

Date  
(Mo., Day, Year)

12/10/09

Amount of each  
receipt  
this period

\$ 500.00

Mailing Address

P O Box 2663

City, State, Zip Code

Tuscaloosa, AL 35403

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

MS Power Co

Date  
(Mo., Day, Year)

12/15/09

Amount of each  
receipt  
this period

\$ 250.00

Mailing Address

P O Box 4079

City, State, Zip Code

Gulfport, ms 39502

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Entertainment Software Assoc

Date  
(Mo., Day, Year)

9/21/09

Amount of each  
receipt  
this period

\$ 500.00

Mailing Address

575 7th St NW

City, State, Zip Code

Washington, DC 20004

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Georgia Pacific

Date  
(Mo., Day, Year)

1/1/1

Amount of each  
receipt  
this period

\$ 500.00

Mailing Address

P O Box 61270

City, State, Zip Code

Phoenix, AZ 85082-1270

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$

Name of Candidate or Committee Druggs Hopson  
 Reporting period 1-1-09 through 12-31-09

## ITEMIZED DISBURSEMENTS

A. Full name <u>MS Republican Party</u>		Date (Mo., Day, Year) <u>1/14/09</u>	Amount of each disbursement this period \$ <u>120.00</u>
Mailing Address <u>P O Box 60</u>			
City, State, Zip Code <u>Jackson MS 39205</u>		<u>1</u> <u>1</u> <u></u>	\$
Purpose of Disbursement (Optional) <u>Dues</u>		Aggregate Year-to-date	\$
B. Full name <u>Boolos CPA</u>		Date (Mo., Day, Year) <u>1/14/09</u>	Amount of each disbursement this period \$ <u>62.50</u>
Mailing Address <u>1007 Mission Park Dr</u>			
City, State, Zip Code <u>Vicksburg MS 39180</u>		<u>1</u> <u>1</u> <u></u>	\$
Purpose of Disbursement (Optional) <u>Accounting</u>		Aggregate Year-to-date	\$
C. Full name <u>Lensi Radio</u>		Date (Mo., Day, Year) <u>2/10/09</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>1102 Newit Vick Dr</u>			
City, State, Zip Code <u>Vbg MS 39183</u>		<u>1</u> <u>1</u> <u></u>	\$
Purpose of Disbursement (Optional) <u>advertising</u>		Aggregate Year-to-date	\$
D. Full name <u>Clear Creek Golf</u>		Date (Mo., Day, Year) <u>3/9/09</u>	Amount of each disbursement this period \$ <u>50.00</u>
Mailing Address <u>1566 Tiffentown Rd</u>			
City, State, Zip Code <u>Vbg MS 39183</u>		<u>1</u> <u>1</u> <u></u>	\$
Purpose of Disbursement (Optional) <u>advertising</u>		Aggregate Year-to-date	\$
E. Full name <u>MS Republican Elected Officials</u>		Date (Mo., Day, Year) <u>3/9/09</u>	Amount of each disbursement this period \$ <u>25.00</u>
Mailing Address <u>541 Hwy 8 West</u>			
City, State, Zip Code <u>Calhoun City MS 38916</u>		<u>1</u> <u>1</u> <u></u>	\$
Purpose of Disbursement (Optional) <u>Dues</u>		Aggregate Year-to-date	\$
F. Full name <u>Vicksburg Venom</u>		Date (Mo., Day, Year) <u>3/20/09</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>1007 Mission Park Dr</u>			
City, State, Zip Code <u>Vicksburg MS 39180</u>		<u>1</u> <u>1</u> <u></u>	\$
Purpose of Disbursement (Optional) <u>advertising</u>		Aggregate Year-to-date	\$

Name of Candidate or Committee

Briggs Hopson

Reporting period

1-1-09

through

12-31-09

## ITEMIZED DISBURSEMENTS

A. Full name	Vicksburg Vikings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1007 Mission Park Dr	3/20/09	\$ 200.00
City, State, Zip Code	Vbg MS 39180	1/1/	\$
Purpose of Disbursement (Optional)	advertising	Aggregate Year-to-date	\$
B. Full name	Briggs Hopson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1201 Cherry St	4/10/09	\$ 86.97
City, State, Zip Code	Vicksburg MS 39180	1/1/	\$
Purpose of Disbursement (Optional)	reimburse for website fee	Aggregate Year-to-date	\$
C. Full name	MACS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P O Box 12292	4/10/09	\$ 100.00
City, State, Zip Code	Jackson MS 39236	1/1/	\$
Purpose of Disbursement (Optional)	donation	Aggregate Year-to-date	\$
D. Full name	New Times	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1401 Main Street	12/23/09	\$ 75.00
City, State, Zip Code	Vbg MS 39183	1/1/	\$
Purpose of Disbursement (Optional)	advertising	Aggregate Year-to-date	\$
E. Full name	Briggs Hopson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1201 Cherry St	12/27/09	\$ 2045.59
City, State, Zip Code	Vicksburg MS 39180	1/1/	\$
Purpose of Disbursement (Optional)	reimburse for mileage & misc. expenses	Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$